

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	

Attorney Docket Number::

PHOSPHODIESTERASE 4 INHIBITORS,
INCLUDING AMINOINDAZOLE AND
AMINO BENZOFURAN ANALOGS
MEMORY 29

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	United States of America
Status::	FULL CAPACITY
Given Name::	Richard
Middle Name::	A.
Family Name::	SCHUMACHER
City of Residence::	Monroe
State or Province of Residence::	New York
Country of Residence::	United States of America
Street of Mailing Address::	16 Dorothy Drive
City of Mailing Address::	Monroe
State or Province of Mailing Address::	New York
Country of Mailing Address::	United States of America
Postal or Zip Code of Mailing Address::	10950

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: United States of America
 Status:: FULL CAPACITY
 Given Name:: Allen
 Middle Name:: T.
 Family Name:: HOPPER
 City of Residence:: Glen Rock
 State or Province of Residence:: New Jersey
 Country of Residence:: United States of America
 Street of Mailing Address:: 29 Dean Street
 City of Mailing Address:: Glen Rock
 State or Province of Mailing Address:: New Jersey
 Country of Mailing Address:: United States of America
 Postal or Zip Code of Mailing Address:: 07542

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Canada
 Status:: FULL CAPACITY
 Given Name:: Ashok
 Family Name:: TEHIM
 City of Residence:: Ridgewood
 State or Province of Residence:: New Jersey
 Country of Residence:: United States of America
 Street of Mailing Address::

246 N. Walnut Street
 City of Mailing Address:: Ridgewood
 State or Province of Mailing Address:: New Jersey
 Country of Mailing Address:: Unites States of America
 Postal or Zip Code of Mailing Address:: 07450

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23599

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/396,726	07/19/02

ASSIGNMENT INFORMATION

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

MEMORY PHARMACEUTICALS CORP.

100 Philips Parkway

Montvale

New Jersey

United States

07645-1800